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Application or Docket Number

| Effective December 8, 2004 |  |  |   |   |                        |                              |            |                             | 101549265              |                |                             |                        |
|----------------------------|--|--|---|---|------------------------|------------------------------|------------|-----------------------------|------------------------|----------------|-----------------------------|------------------------|
|                            |  | CLAIMS                                     |   | (Column 1) (C                                   |                        |                              |            | SMALL ENT                   | ΠY                     | OR             | OTHER<br>SMALL E            |                        |
| U.S                        | . NATIONAL   | STAGE FEES                                 |   |   |                        |                              |            | RATE                        | FEE                    | •              | RATE                        | FEE                    |
| BAS                        | IC FEE   | <del></del>                                | SMALL ENT. = \$ 150   |   | LARG                   | E ENT. = \$ 300              | 1          | BASIC FEE                   |                        | OR             | BASIC FEE                   | 21/                    |
| EXA                        | MINATION FE  | E  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                      |   |                        | er situations =              |            | EXAM. FEE                   |                        |                | EXAM, FEE                   | 201                    |
| SEA                        | RCH FEE  | •  | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$400 |   | All oth                | er situations = 250 / \$ 500 |            | SEARCH FEE                  |                        |                | SEARCH FEE                  | 402                    |
| FEE                        | FOR EXTRA  | SPEC. PGS.                                 | minus 100 =   |   |                        | / 50 <b>=</b>                |            | X \$ 125 =                  |                        |                | X \$ 250 =                  |                        |
| TOT                        | AL CHARGEA   | BLE CLAIMS                                 | 14 minus 20 = .   |   | ,                      |                              |            | X \$ 25 =                   |                        | OR             | X \$ 50 =                   |                        |
| IND                        | EPENDENT CI  | AIMS                                       | minus 3 = .   |   |                        |                              |            | X \$ 100 =                  |                        | OR             | X \$ 200 =                  |                        |
| MUL                        | TIPLE DEPEN  | IDENT CLAIM PR                             | ESENT   |   |                        |                              | + \$ 180 = |                             | OR                     | + \$ 360 =     |                             |                        |
| • If                       | If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                        |                              | 3 (        | TOTAL                       |                        | OR.            | TOTAL                       | 900                    |
| AMENDMENT A                | Total Independent  | (Column 1) CLAMS REMAINING AFTER AMENDMENT | (Aming)   | (Column<br>HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>ER<br>JSLY<br>OR | (Column 3)  PRESENT EXTRA    |            | RATE  X \$ 25 =  X \$ 100 = | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR | RATE  X \$ 50 =  X \$ 200 = | ADDI-<br>TIONAL<br>FEE |
| .∢                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA                           |  |   |   |                        | Ī                            |            | + \$ 180 =                  |                        | OR             | + \$ 360 =                  | <del></del>            |
|                            |  |  |   |   |                        |                              | ·          | TOTAL ADDIT.                |                        | OR             | TOTAL ADDIT.                |                        |
|                            |  | (Column 1)                                 | <u> </u>  | (Column   | 37                     | (Column 3)                   | I [        |                             | ADDI-                  |                |                             | ADDI-                  |
| NT B                       |  | REMAINING - AFTER AMENDMENT                | ·   | PREVIOU<br>PAID FO                              | SLY                    | PRESENT<br>EXTRA             |            | RATE                        | TIONAL<br>FEE          |                | RATE                        | TIONAL<br>FEE          |
| AMENDME                    | Total  | *  | Minus '   | <b></b>   |                        | ÷                            |            | X \$ 25 =                   |                        | OR             | X \$ 50 =                   |                        |
| AME                        | Independent  | •  | Minus   | ***   |                        | •                            |            | X \$ 100 =                  |                        | OR             | X \$ 200 =                  |                        |
|                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |   |   |                        |                              |            | + \$ 180 =                  |                        | OR             | + \$ 360 =                  | •                      |
|                            |  | ,  |   |   |                        |                              |            | TOTAL ADDIT.<br>FEE         | ·                      | OR             | TOTAL ADDIT.<br>FEE         |                        |
| **                         | lf the "Highest Nu<br>If the "Highest Nu                               | imber Previously Pal                       | e entry in column 2,<br>Id For IN THIS SPA<br>Id For IN THIS SPA      | CE is less th                                   | han '20',              | enter "20".                  |            |                             |                        |                |                             | •                      |

FORM PTO-875 (Rev. 02/2005)